

Case Number:	CM15-0080075		
Date Assigned:	05/01/2015	Date of Injury:	09/27/2000
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female, who sustained an industrial injury on 9/27/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having carpal tunnel syndrome, status post Nirschl procedures bilateral upper extremities, status post debridement of the flexor pronator origin left upper extremity, status post left ulnar release, bilateral de Quervain's syndrome, status post left de Quervain's release and carpal tunnel release, cervicobrachial syndrome, unstable motor units (C3-C4 and C4-C5), right C5-C6 facet syndrome, complex regional pain syndrome, status post left shoulder subacromial decompression and distal clavicle resection, and status post right carpal tunnel release. Anxiety and depression were also noted. Treatment to date has included diagnostics, multiple surgical procedures, psychotherapy, and medications. Currently (3/17/2015), the injured worker was seen for evaluation and manual muscle testing. She was currently not performing any exercise due to pain and activities of daily living were limited in her right hand. The treatment plan included 3 hours of home care per week. A rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 Hours per week of home care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does not appear to be "homebound." The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as "medical treatment", as defined in MTUS. As such, the current request for 3 hours per week of homecare. Therefore, this request is not medically necessary.